

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585035

FILING DATE

APPLICANT(S)

9/20/07 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		1
4		1		2		1
5		1		1		1
6		1		1		1
7		1		1		1
8		2		2		1
9		2		2		1
10		2		2		1
11		2		2		1
12		2		2		1
13		2		2		1
14		1		1		1
15		1		1		1
16		1		1		1
17		3		3		3
18		3		3		3
19					1	
20						1
21						1
22						1
23						1
24						1
25						1
26						1
27						1
28						1
29						1
30						1
31						1
32						3
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TOTAL IND.	1		1		2	
TOTAL DEP.	18		28		36	
TOTAL CLAIMS	19		29		38	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						